

State of Iowa
Iowa Department of Administrative Services – Human Resources Enterprise
WORKPLACE VIOLENCE REPORT

<u>Complainant/Witness:</u>		<u>Telephone #:</u>
<u>Department/Division:</u>		<u>Work Location:</u>
<u>Person Completing Form:</u> (Name/Title)	<u>Date:</u>	<u>Telephone #:</u>

ALLEGED OFFENDER INFORMATION (Complete The Following Information, <u>If Known</u>)	
<u>Name:</u>	<u>Address:</u>
<u>Employer:</u>	<u>Job Title:</u>
<u>Relationship to Complainant/Witness:</u> (Example: Client, Vendor, Co-Worker, Supervisor, Spouse)	

LAW ENFORCEMENT CONTACT (If Applicable)			
<u>Date:</u>	<u>Agency:</u>	<u>Officer(s) Name:</u>	<u>Report Number:</u>

INCIDENT DESCRIPTION (Describe the alleged incident(s) in detail: who, what, when, where, why, how.) (Attach additional pages, if necessary)

This form is to be filed with the Appointing Authority
and
The Workplace Violence Coordinator
Iowa Department of Administrative Services – Human Resources Enterprise